

FILE NOW: FILING FEE IS \$61.25

FILED
May 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 720472 (0)
1. Corporation Name
ANTHONY VOLUNTEER FIRE DEPARTMENT, INC.



Principal Place of Business GIL BARRERAS 9591 N.E. 21ST AVE ANTHONY FL 32617	Mailing Address GIL BARRERAS 9591 N.E. 21ST AVE ANTHONY FL 32617
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3. Date Incorporated or Qualified
03/10/1971

4. FEI Number 59-1938639	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
**BARRERAS, GIL
9591 N.E. 21ST AVE
ANTHONY FL 32617**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE: *Gil Barreras* DATE: **2/9/98**

12. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> DELETE
NAME	BARRERAS, GIL	
STREET ADDRESS	9591 N.E. 21ST AVE	
CITY-ST-ZIP	ANTHONY FL 32617	
TITLE	TVC	<input type="checkbox"/> DELETE
NAME	BECKLER, KEITH	
STREET ADDRESS	9591 NE 21ST AVE	
CITY-ST-ZIP	ANTHONY FL 32617	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BOWLIN, KARL	
STREET ADDRESS	9591 NE 21ST AVE	
CITY-ST-ZIP	ANTHONY FL 32617	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MACCARTHY, ROBIN	
STREET ADDRESS	9591 NE 21ST AVE	
CITY-ST-ZIP	ANTHONY FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	BARRERAS, VICTORIA	
STREET ADDRESS	9591 N.E. 21ST AVE.	
CITY-ST-ZIP	ANTHONY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BARRERAS, DONNIE	
STREET ADDRESS	9591 N.E. 21ST AVE.	
CITY-ST-ZIP	ANTHONY FL 32617	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *M. St. Don...* DATE: **2/9/98**

CP2E037 (10/97)